

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional)  SHIR-502-301																		
Application Number 10/593,801		Filed March 24, 2005																		
For NEW COMPOUNDS FOR THE INHIBITION OF ANGIOGENESIS AND USE THEREOF																				
Art Unit 1625		Examiner Morris, P.																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																				
<table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$150</td> <td>\$75</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$560</td> <td>\$280</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1270</td> <td>\$635</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1980</td> <td>\$990</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2690</td> <td>\$1345</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																				
<input type="checkbox"/> A check in the amount of the fee is enclosed.																				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3655</u> .																				
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>																				
I am the <input type="checkbox"/> applicant/inventor.																				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,368</u>																				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34																				
<u>/Lisa M. Treannie/ Signature</u>		<u>January 12, 2012</u> <u>Date</u>																		
<u>Lisa M. Treannie, Esq. Typed or printed name</u>		<u>781-622-5930</u> <u>Telephone Number</u>																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																				
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																				